

clear clinical failure of treatment (twice). The case also once again emphasises the need for caution in treatment of gonorrhoea acquired abroad.

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HIV testing in genitourinary medicine—sustained increased demand in 1991

During 1986–1987 the British Government launched large-scale health education campaigns designed to increase awareness of HIV infection and AIDS. They were found to increase public awareness¹ and also appeared to result in an increase in requests for HIV testing at genitourinary medicine clinics.^{2–4} Beck *et al.*⁴ reported that HIV testing declined in the months following these HIV/AIDS mass media campaigns, although testing was sustained at a substantially higher level compared with that preceding the campaigns. We write to report a further sustained rise in HIV testing in a genitourinary medicine clinic since January 1991.

This clinic offers the only confidential, open access HIV testing service in Nottingham. The majority (88%) who attend for testing are self-referred and all receive pre- and post-test counselling. During the period September 1986 to December 1991, 4981 HIV antibody tests were performed. The number of tests performed monthly increased from October 1986 (n = 35) to a peak in March 1987 (n = 269), which coincided with a National AIDS Campaign week. From April 1987 (n = 87) onwards the monthly number of tests requested declined, although numbers were higher than those prior to the media campaigns and remained fairly stable. The average number of monthly HIV tests during 1988 was 51, 1989 was 46 and 1990 was 56.

A gradual increase in HIV testing occurred late in 1990 and in January 1991 there was a dramatic increase (see fig). This marked increase in testing has been sustained at higher levels than previously seen at the clinic throughout 1991. HIV antibody tests in 1991 have averaged 135 per month. Individuals newly identified to have HIV infection in this testing service numbered 11 in 1988, 9 in 1989, 10 in 1990 and 16 in 1991.

The marked increase in requests for HIV antibody testing observed in January 1991 coincided with the screening of an ongoing series of episodes of the BBC television programme "Eastenders", which portrayed a key

character contracting HIV infection through heterosexual sex. The viewing figures for "Eastenders" at this time were approximately nineteen million (BBC personal communication). The further rise in HIV testing in December 1991 immediately followed the wide publicity surrounding World AIDS day and the death of the rock star, Freddie Mercury, from AIDS.

Our observation of a sustained increase in demand for HIV testing coincident with events in "Eastenders" supports the proposition that portrayal of realistic "role models" on television effectively conveys information and health education messages about HIV infection to the maximum number of people.⁵ We suggest that popular TV may have an important role to play in increasing awareness about the risk of HIV infection from unprotected sex.

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In search of an optimum method for the sterilisation of a cryoprobe in a sexually transmissible diseases clinic

It appears that sterilisation of the tip of a cryoprobe (an instrument that freezes with nitrous oxide or carbon dioxide) is a problem that internationally has only recently been addressed. There is theoretical possibility of the actual transmission, by the probe, of HPV and even HIV. Hyfrecator needles need to be sterilised, a fact that has long been appreciated. Only recently, I believe, has the cryoprobe come under the same scrutiny. What can be done?

Thermal disinfection by an autoclave is one alternative; the other leading contenders for the task are glutaraldehyde soaks and exposure to ethylene oxide.

An operational autoclave temperature is between 121°C and 134°C (Personal communication, P. Robbins). The changeable tip of a cryoprobe is made of stainless steel and this can readily be autoclaved. The autoclave kills HIV, the minimum exposure being 78°C–80°C for 10 minutes.¹ An autoclave also kills human papilloma virus (HPV) and hepatitis B virus (HBV) (Personal communication A. Henderson). It is interesting to note that 1 hour at 121°C will even kill the "slow" virus of Jacob-Creutzfeldt disease.² Glutaraldehyde also kills HIV and HBV. Definitive articles on HIV,